**Section I:** Complete the following chart with the most current information.

|  |  |  |  |
| --- | --- | --- | --- |
| Program Name:  |  | Contract Number: |  |
| Administrator’s Name:  |  | E-mail Address: |  |
| Report Period: *Check one*  | **☐** | **8/1/2023 – 12/30/2023** **Report Period 1** | **☐** | **1/1/2024 - 6/30/2024**  **Report Period 2**  | **☐** | **7/1/2024 – 12/30/2024 Report Period 3** | **☐** | **1/1/2025 - 6/30/2025**  **Report Period 4** | **☐** | **Grant close-out and Final Cumulative Report** |
| **Report Due Date:**  |  **January 30, 2024** | **July 30, 2024** | **January 30, 2025** | **July 30, 2025** |  **July 30, 2025** |
| New address or name change? Please submit a new W-9 form.  |  | Staff changes? Provide name & position. New hire or resignation? |  |  |
| Provide names and email addresses of all VDSS DV/SA grant-funded staff. | Name | Title | Email |
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**Section II:** Provide information for each activity outlined in your approved work plan. Copy and fill in the chart for each High Level Outcome. Use the same chart to complete the first and second semi-annual report**.**

**Example**

|  |  |
| --- | --- |
| **PURPOSE AREA:** |  |
| **HIGH LEVEL OUTCOME:** |  |
| **ACTIVITIES:***Explain the service/initiative.* | **Annual Goal** | **OUTPUT***What the program did.* **# Unduplicated Persons Served****# Group Meetings** | **On Target for the report period? Y/N** *If not on target, explain obstacles and if a Plan of Action has been developed.* | **Results of Impact Evaluation:***Please indicate local measure, such as surveys, tracking data, etc.* ***Please note:****Please provide the percentage of s, as well as the number in order to understand the impact of the measure.*  |
| 1St Reporting PeriodExample:Provided emergency hotel stays for survivors and their children to reduce exposure to COVID-19. | 30 unduplicated survivors will be provided emergency hotel stays.  | 12 unduplicated survivors were provided emergency hotel stays this reporting period.  | No, there were no emergency hotel stays for survivors during the initial 2.5 months of the project.  | **100% of 12 clients who** were provided emergency hotel stays this reporting period responded to the survey that because of services received, they feel safer. |
| 2nd Reporting PeriodProvide contracted counseling to victims regarding all virtual services available to victims, in order to reduce exposure to COVID. | 25Unduplicated victims will be provided with contracted counseling to victims regarding all virtual services available to victims, in order to reduce exposure to COVID. | 13 Victims were provided with contracted counseling to victims regarding all virtual services available to victims, in order to reduce exposure to COVID. | No, because in-person services are re-opening, reducing the need for virtual services. | 77% or 10 victims provided with contracted counseling to victims regarding all virtual services available to victims, stated they were satisfied that they reduced exposure to COVID due to the assistance received by our Agency. |

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| --- | --- | --- | --- | --- | --- | --- |
| **Check one:** | **☐** | **3/1/2023 – 9/30/2023** **Report Period 1** | **☐** | **10/1/2023 - 4/30/2024** **Report Period 2**  | **☐** | **3/1/23 – 5/30/2025 Cumulative** **Close out due 6/30/2025** |
| **Check one:** | **☐** | **5/1/2024 – 11/30/2024 Report Period 3** | **☐** | **12/1/2024 - 5/30/2025** **Report Period 4**  |

**Attachments E & F Work Plan Complete the section below using the High Level Outcomes, Activities, Outputs and Evaluation/Measures from your Work Plan.**

|  |  |
| --- | --- |
| **PURPOSE AREA:** |  |
| **HIGH LEVEL OUTCOME:** |  |
| **ACTIVITIES**  | **ANNUAL GOAL** (as stated in your work plan): | **OUTPUT** (as stated in your work plan): | **On Target for the report period? Y/N** *If not on target, explain obstacles & plan of action.* | **Results of Impact Evaluation:***Please indicate local measures, such as surveys, tracking data, etc.*  |
| 1St Reporting Period |  |  |  |  |
| 2nd Reporting Period |  |  |  |  |
| 3rd Reporting Period |  |  |  |  |
| 4th Reporting Period |  |  |  |  |
| Cumulative Data |  |  |  |  |

**Narrative Responses**

**1 - For services supported in whole or in part by your ARPA grant, share a story about a client (without sharing any personally-identifying information), service or community initiative that could be shared with other stakeholders.**

|  |  |
| --- | --- |
| 1St Reporting Period |  |
| 2nd Reporting Period |  |
| 3rd Reporting Period |  |
| 4th Reporting Period |  |

**2 - What does the ARPA grant allow you to do that you wouldn’t be able to do without this funding?**

**3 - Describe any efforts supported in whole or in part by your ARPA grant to meet the needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity, sexual orientation or gender identity or geographic isolation. Describe any ongoing challenges.**

**4 - Describe significant outreach activities, supported in whole or in part by your ARPA grant.**

**5 - Provide information on the evaluation of the effectiveness of your DV and SA project.**